

GOVERNMENT PURCHASE OR TRAVEL CARD MAINTENANCE FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I

INSTRUCTIONS

- To change information for existing accounts:
 - Complete section II with the type of request. ***** **Fill in only the applicable fields to be updated.** *****
 - ** b. Fill in the individual Government Card number
 - ** c. Fill in the cardholder's name as it appears on his/her Government Card:
- Approved copy to be maintained in Agency/Organization Program Coordinators files.
- Fax to (904) 954-8710 or mail to Citibank Government Card Services P.O. Box 45134, Jacksonville, FL 32232-5134.
- All changes will be completed within 3 business days unless requesting to move a centrally billed account from one billing site to another. This change will be made the next business day after the Agency/Organization's billing cycle.

SECTION II

TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)

- | | |
|--|---|
| <input type="checkbox"/> A. Cardholder Information Change (Section III) | <input type="checkbox"/> F. Cash Advance Limit Change (Section V) |
| <input type="checkbox"/> B. Hierarchy Change (Section IV) | <input type="checkbox"/> G. Number of Transactions Limit Change (Section V) |
| <input type="checkbox"/> C. MCC/Blocking Change (Section V) | <input type="checkbox"/> H. Account Closure (Section VI) |
| <input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V) | <input type="checkbox"/> I. Other Changes: _____ |
| <input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V) | |

SECTION III

CARDHOLDER INFORMATION (Please Print)

*Last Name: *First Name: *Middle Initial:

Agency/Organization Name: Department of Homeland Security / U. S. Coast Guard

*4th Line Embossing (maximum 20 characters): U. S. DHLS *Social Security Number:

*Home Mailing Address: *Home Phone: ()

Street:

City:

State:

Zip Code:

Country:

*Work Mailing Address: Work Phone: ()

*Unit:

Work Fax: ()

*Street:

*City:

State:

Zip Code:

Country:

Email Address:

Unit ATU & OPFAC:
(Master Accounting Code)

SECTION IV

REPORTING PARAMETERS

Current Reporting Hierarchy: _26900 - 56000 -

New Reporting Hierarchy: 26900 - 56000 -

New Card Delivery ID#: (maximum 5 characters)

SECTION V

AUTHORIZATION PARAMETERS

New Dollars per Cycle Limit \$	Convenience Checks (Purchase): Y ___ N ___	2 Books ___ 6 Books ___
New Dollars per Transaction Limit: \$	If eligible for Convenience Checks, maximum payment amount equals \$	
New Number of Transactions per: Cycle: ___ Day: ___	ATM Access: Y ___ N ___ Access Limit: Daily \$ ___, Weekly \$ ___, Cycle \$ ___	
New MCC Template Name: _____	Travellers Cheques (Travel): Y ___ N ___	

SECTION VI

ACCOUNT CLOSURE INSTRUCTIONS

- A/OPC needs to advise cardholder to destroy their card(s).
- A/OPC needs to advise cardholder to destroy any unused convenience checks.

SECTION VII

AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

Approving Agency/Organization Program Coordinator's Signature _____ Date _____